Responses to Family and Provider Concerns Regarding Health Homes for Members with Intellectual or Developmental Disabilities

(Questions Raised During Oct. 14 meeting in Overland Park)

The State of Kansas remains committed to the ability of people with intellectual or developmental disabilities (I/DD) to keep their targeted case managers (TCM) if they so choose. However, we understand consumers and their loved ones are concerned about program changes and how those changes might affect TCM services. At a recent event in Overland Park, several questions and concerns were raised by families and providers concerning the intersection of TCM and Health Homes.

Q: What is a Health Home? How does it work?

A: A Health Home is not a building, a nursing home, or a doctor's office. The term "Health Home" refers to a new Medicaid option to provide coordination of physical and behavioral health care with long-term services and supports for people with chronic conditions. Health Homes include links to community and social supports. Health Homes focus on the whole person and all his or her needs to manage his or her conditions, be as healthy as possible and live in the least restrictive environment possible. All caregivers in a Health Home communicate with one another so that all of patients' needs are addressed in a comprehensive manner.

KanCare Health Homes are intended for people with certain chronic conditions, such as diabetes, asthma, or mental illness. These people must be KanCare consumers. They can be consumers who also receive Medicare along with Medicaid. Health Homes are intended to prevent unnecessary hospitalization and ER use and to provide better coordinated care, which result in better health outcomes.

Q: Why can't I/DD consumers be in a health home and have a separate TCM outside of the health home?
A: Federal rules regarding Health Homes say members cannot be enrolled in a Health Home and also have a targeted case manager who is not part of their Health Home. Kansas designed its Health Home model to provide I/DD consumers with the opportunity to enroll in a health home but also keep their TCM if they chose by allowing their TCM to contract with the Health Home Partners that are serving their consumers.

Q: But Health Home Partners (HHPs) are encouraged, but not required, to contract with TCMs. Why?
A: The State cannot force or require third parties, such as the HHPs or I/DD TCM providers, to contract with each other. However, the State encourages it and establishes guaranteed minimum rates that TCMs will be paid by Health Home Partners. The State also extended an exception through the end of October to allow TCMs to bill the Managed Care Organizations (MCOs) for case management for members in Health Homes if their contracts with HHPs were not complete. If a

member wants to keep his or her TCM but the TCM is not contracted with a Health Home partner, the member can choose another HHP or opt out of the Health Homes entirely.

Q: Are the TCM rates sufficient in health homes?

A: The guaranteed minimum monthly rate for TCMs of I/DD waiver members who are enrolled in health homes is $137.32,which is based on the average monthly amount of TCM services for SMI eligible members in level 4. The monthly rate for TCMs of non-waiver I/DD members is $53.36, which is the average monthly amount billed for non-waiver I/DD members with SMI diagnoses. TCMs may negotiate a higher rate with Health Home Partners.

Q: What happens if a consumer or family member finds out it is too late to opt out of Health Homes until the following month?

A: For record-keeping and billing purposes, there has to be a cut-off date for opting out each month in order to send files from the state's fiscal agent, HP, to the MCOs in a timely fashion. However, there is no requirement for a member to access Health Home services in any month, even if they miss the "opt out" deadline.

Q: Why are individuals assigned to health homes instead of choosing whether they want to be in one?

A: Individuals do have a choice; they may opt out. The state decided to design the Health Homes program with passive enrollment/opt out to ensure people were aware of the option, as the State believes Health Homes will result in better health outcomes.

Q: Who decides what members can be assigned to health homes, and how are eligible members identified?

A: The target population is defined by the state and approved by CMS. MCOs apply the state criteria, which consists of a list of diagnoses that can be found here: http://www.kancare.ks.gov/health_home/download/Kansas_SMI_Health_Homes_Diagnoses_Codes.pdf. MCOs look for diagnostic information from claims to make the assignments, so if a member is assigned to a Severe Mental Illness (SMI) Health Home, that means a provider has at some point included at least one the listed SMI diagnoses on one or more claims. For example, for a consumer who has primary commercial insurance for physical health, an assignment to a Health Home likely would have been based on an HCBS (Medicaid) provider listing an SMI diagnosis.

Q: Why are people with I/DD included in health homes with people with other disabilities like SMI?

A: People with serious mental illness, regardless of other disabilities or diagnoses, should be able to receive SMI Health Home services. Not everyone with I/DD is eligible for Health Homes, nor will everyone with I/DD be assigned to Health Home.

Q: Why are parents/families not always notified when adult children are being assigned to a health home?

A: CMS requires the State to send notices and letters to the Medicaid beneficiary unless there is another person listed as a responsible party listed in the person's case file at the Kansas Department for Children and Families (DCF) office. Kansas Medicaid does not have the names and addresses of the parents of KanCare members, unless they are also listed as the responsible party on the medical case at the DCF office. To be added to a KanCare member's case as a responsible party, you will need to contact your nearest DCF service center and provide them with documentation,

such as a court-appointed guardianship document. KDADS recommends that you scan all necessary documentation and email it to DCF to ensure it becomes a part of your loved one's case file in the state record system, rather than handing in hard copies of the documents. If you encounter problems with this process, please contact Angela de Rocha at Angela.deRocha@kdads.ks.gov. If you are listed as the responsible party on a loved one's case file but did not receive notification of health home enrollment, please contact your local DCF service center.

Q: Does the Health Home model open up concerns about privacy of health care information?

A: MCOs and HHPs must demonstrate the security of personal health information and are covered by HIPAA. Any health provider who is serving the member, including the MCOs and the state, may legally share health information about the member in order to coordinate care (with some specific exceptions related to substance use disorders.) For more information about HIPAA requirements related to protected health information, please see: http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/mhguidance.html

Q: These changes can be unsettling to consumers and families. How does the State communicate information about health homes and case management?

A: The State has tried to make information about Health Homes as transparent as possible and to distribute it frequently. I/DD providers have been included in the stakeholder group, the State has held two public forums, as well as consumer and provider tours, maintained a robust website, and made over a 100 presentations. Please see:
http://www.kancare.ks.gov/health_home/stakeholder_meetings.htm
http://www.kancare.ks.gov/health_home/news_herald.htm
http://www.kancare.ks.gov/health_home/news_meetings.htm
www.**kancare**.ks.gov/.../**Meetings_scheduled_for_KanCare_members_with_certain_chronic_conditions**_021214.pdf

However, we can always do better, so we welcome suggestions about how to disseminate information in a way that ensures consumers and families receive it and have an opportunity to ask questions. If you have questions or suggestions, please email Angela.deRocha@kdads.ks.gov

Other ISSUES: CRISIS REQUESTS

Q: Ten days is the state requirement for responding to a crisis request. Why is KDADS not meeting this requirement?

A: KDADS and the MCOs are currently reviewing requests within 10 days as state policy mandates. This policy began in January under the new CDDO contract. TCMs should work with KanCare members' MCOs to ensure members' needs are being met. For consumers who are not receiving I/DD HCBS services, a crisis request should be submitted to the CDDO for review. KDADS reviews recommendations from the CDDO once they are submitted to the state.